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CONFIRMATION NO. 4381

Bib Data Sheet

SERIAL NUMBER 10/008,354	FILING OR 371(c) DATE 11/07/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.373US1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

DR 7/10/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

DR 7/10/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/02/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
35 USC 119 (a-d) conditions	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	<i>Dorothy Cole</i> DR Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 4

## ADDRESS

21186

## TITLE

Centralized management system for programmable medical devices

FILING FEE RECEIVED 1422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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